

ANSI 5010 / NCPDP Testing Procedures

Testing requirement

The Health Insurance Portability and Accountability Act (HIPAA) ANSI version 5010 and National Council for Prescription Drug Programs (NCPDP) version D.0 for all covered entities mandatory compliance date is **January 1, 2012**. ISDH will begin vendor testing in the first quarter of 2011. The testing will be on a scheduled basis.

All trading partners who trade ANSI 5010 transactions or NCPDP D.0 with ISDH will be required to:

1. Complete the ISDH trading partner agreement
2. Update point of testing contact information
3. Contact ISDH EDI helpdesk to schedule the testing period by phone at 317-233-9803 or via email edimail@isdh.in.gov
 - 1) January – March 2011
 - 2) April – June 2011
 - 3) July – September 2011
4. Review ISDH companion guides <http://www.in.gov/isdh/19617.htm>
5. Test and be approved for 5010 and NCPDP D.0 transaction compliance

Testing information

1. Communication test:

- 1) Realtime connection for NCPDP D.0
- 2) Batch SFTP for all X12 transactions

2. NCPDP D.0 Testing

In testing NCPDP D.0 transactions with ISDH, your testing should include a minimum of 10 claims representative of the types of claims you normally submit to the Children's Special Health Care Services program. Within those claims the following claim situations must be included for NCPDP testing.

- 1) B1 Clean claim
- 2) B1 Clean claim with COB
- 3) B2 reversal
- 4) reject claim

3. X12 Transaction

In testing X12 transactions with ISDH, your test files should contain a minimum of 10 claims for each type of transaction you will be submitting. The claims should be representative of the types of claims you normally submit to the Children's Special Health Care Services program. Within those claims the following claim situations should be included for the type of transaction(s) you will be submitting.

- 1) 837P : Health Care Claim Professional
 - a. Professional claim with NO COB
 - b. Professional claim with COB data included
- 2) 837I: Health Care Claim Institutional
 - a. Institutional claim with NO COB
 - b. Institutional claim with COB data included
- 3) 837D: Health Care Claim Dental
 - a. Dental claim with NO COB
 - b. Dental claim with COB included
- 4) 270/271: Eligibility Inquiry and Response
 - a. Valid CSCHS Participant
 - b. Non-Valid CSHCS Participant
- 5) 276/277: Status Inquiry and Response
 - a. Valid claim that was previously used in testing
 - b. Claim that was previously not submitted
- 6) 278: Prior Authorization Request and Response
 - a. Valid request with valid participant
 - b. Request invalid data

Testing demographics for patient and provider data will be communicated after testing is scheduled.

5010 Functional Acknowledgements

ISDH will return 999 Implementation Acknowledgments for 5010 submissions.